



MISSOURI DEPARTMENT OF AGRICULTURE  
WEIGHTS, MEASURES & CONSUMER PROTECTION DIVISION  
**FUEL QUALITY COMPLAINT**

E-MAIL: FUEL.QUALITY@MDA.MO.GOV

DATE

**CONSUMER CONTACT INFORMATION**

|                |                     |                |           |        |
|----------------|---------------------|----------------|-----------|--------|
| PREFIX         | FIRST NAME          | MIDDLE INITIAL | LAST NAME | SUFFIX |
| ADDRESS        |                     |                |           |        |
| CITY           | STATE               | ZIP CODE       | COUNTY    |        |
| TELEPHONE      | ALTERNATE TELEPHONE |                | FAX       |        |
| E-MAIL ADDRESS |                     |                |           |        |

|              |              |          |        |
|--------------|--------------|----------|--------|
| STATION NAME | CONTACT NAME |          |        |
| ADDRESS      | TELEPHONE    |          |        |
| CITY         | STATE        | ZIP CODE | COUNTY |

|               |  |                             |                             |               |             |   |
|---------------|--|-----------------------------|-----------------------------|---------------|-------------|---|
| PURCHASE DATE | APPROXIMATE TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | PRODUCT (I.E., GAS, DIESEL) | GRADE (I.E., PREMIUM, REG.) | POSTED OCTANE | PUMP NUMBER | RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------|--|-----------------------------|-----------------------------|---------------|-------------|---|

VEHICLE YEAR, MAKE AND MODEL

DESCRIBE PROBLEMS AND/OR REPAIRS MADE TO THE VEHICLE

|   |              |
|---|--------------|
| DID YOU NOTIFY THE STATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | CONTACT DATE |
|---|--------------|

IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CONVERSATION

**OFFICE USE ONLY**

|           |               |              |  |                   |        |
|-----------|---------------|--------------|--|-------------------|--------|
| INSPECTOR | CONTACTED VIA | CONTACT DATE | CONTACT TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | STATION ID NUMBER | COUNTY |
|-----------|---------------|--------------|--|-------------------|--------|

|                       |  |
|-----------------------|--|
| INSPECTOR SAMPLE DATE | TESTS/ACTIONS TO BE PERFORMED BY INSPECTOR |
|-----------------------|--|

|                  |                                      |
|------------------|--------------------------------------|
| LAB RECEIPT DATE | TESTS/ACTIONS TO BE PERFORMED AT LAB |
|------------------|--------------------------------------|

|                              |                        |              |  |                          |
|------------------------------|------------------------|--------------|--|--------------------------|
| EMPLOYEE CONTACTING CONSUMER | CONSUMER CONTACTED VIA | CONTACT DATE | CONTACT TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | DIVISION TRACKING NUMBER |
|------------------------------|------------------------|--------------|--|--------------------------|

CONSUMER CONTACT NOTES

PLEASE CONTACT THE FUEL QUALITY PROGRAM AT (573) 751-2922, IF YOU REQUIRE ASSISTANCE.  
Missouri Department of Agriculture, PO Box 630, Jefferson City, MO 65102  
Fax: (573) 751-8307